



APPLICATION FOR INSPECTION OF MOISTURE TESTING EQUIPMENT

State Form 516 (R5 / 11-05)

Approved by State Board of Accounts 2005

OFFICE USE ONLY

Check #:

Initials:

Transaction #:

Facility #:

Indiana Grain Buyers and
Warehouse Licensing Agency
101 West Ohio Street
Suite 1200
Indianapolis, Indiana 46204
Phone: (317) 232-1356
Fax: (317) 232-1362

Instructions:

1. **Complete one application for each facility location.**
2. **Retain third copy (pink) of this application for your files.**
3. **FORWARD TOP TWO COPIES (white & canary) to the above address.**

APPLICATION NUMBER

Name of company:		Amount enclosed with application: \$	
Address of company (number, street or R.R., city, state and ZIP):		Telephone number:	
Location of facility (number, street or R.R., city, state and ZIP):	Telephone number:	County facility is located in:	
Directions to facility location:	Name(s) of operator(s):		
If there has been a change in the person, firm or corporation LEGALLY responsible for the operation of the company during the last twelve (12) months, give the following information:			
Date of change (mo./day/yr.):		Name of previous owner:	
List grain products purchased, exchanged or sold:		Number of devices (\$10.00 for each device to be inspected).	
If number of devices has been changed during the last twelve (12) months, give date and number of devices.	ADDED	Date added (mo./day/yr.):	Number added:
	DELETED	Date deleted (mo./day/yr.):	Number deleted:

MOISTURE TESTING EQUIPMENT (Give manufacturer's name, model and serial numbers)		
Name of Manufacturer	Model Number	Serial Number
1.		
2.		
3.		
4.		
5.		
6.		
NOTE: If more moisture testing equipment, use a separate sheet.		
I, or we, herewith make application for inspection and certification of our moisture testing equipment.		
Signature of applicant:	Title:	Date signed (mo./day/yr.):

DISTRIBUTION: White – IGBWLA, Yellow – IGBWLA, Pink – Customer (company)